

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MP</i>		<i>10/1/2</i>
O.I.P.E. CLASSIFIER		<i>1145</i>	<i>10/2/2</i>
FORMALITY REVIEW	<i>SW</i>		<i>11-8-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	0	0	
3	0	0	
4	0	0	
5	0	0	
6	✓	✓	
7	0	0	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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